

# Introducing, Researching, and Disseminating the Incredible Years Programmes in Wales

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# Introducing, Researching, and Disseminating the Incredible Years Programmes in Wales

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A case study reviewing the establishment of the evidence-based Incredible Years programme in Wales, describing the rationale for selecting the programme, the outcomes achieved in Wales, and the influence on policy leading to a Wales-wide dissemination strategy. The UK context features a growing trend towards evidence-based anti-violence services and significant increases in funding for early intervention. Factors that contributed to the success of this project included careful selection of a programme with evidence, establishing a local evidence base for it, ensuring that information was disseminated to government and service providers, and the need to build in a sustainability plan. The biggest challenge, lack of leader time and resources to deliver the programme effectively, is explored and solutions from Wales, including leader feedback surveys and manager training days are described.

Over the last twenty years there has been growing recognition that conduct disorder and antisocial behaviour in adolescence and subsequent life-long problems, including violence, criminality, substance misuse and enduring mental health problems, often have their origins in patterns of behaviour that are identifiable in early childhood (Hutchings and Gardner 2012). There is also good evidence that interventions for parents of younger children, who are at risk of poor long-term outcomes, are effective in reducing this risk (Furlong et al. 2012). As a result, over the last fifteen years, early intervention strategies targeting disadvantaged high-risk communities, such as the Sure Start programme, have become part of government strategy across the UK. These developments have coincided with a growing interest in the UK in ensuring that services make use of evidence-based interventions.

By the 1990s researchers in Britain were recognising the need for randomised controlled trials (RCTs) in the mental health field and the Cochrane Collaboration, founded in 1993 to provide systematic reviews of evidence-based health care interventions, began to publish reviews in the child mental health field (e.g. Barlow and Parsons 2003). In 1995 grant-funding was established for health research in

Wales and, by 1998, the National Institute for Health and Clinical Excellence was established to advise the UK National Health Service on appropriate interventions for a wide range of health problems. However, whilst these developments were taking place in relation to health provision, they were slower to filter through to early intervention and social care service providers. As a result, services such as Sure Start were initially set up without any guidance on suitable programmes (Belsky, Barnes, and Melhuish 2007).

Things have started to change in the UK and the demand for publicly funded early intervention services to deliver effective evidence-based programmes is growing (Hutchings and Gardner 2012). However choosing such programmes is only the first step and delivering them effectively at the local level presents a variety of challenges. Research trials of parenting interventions have demonstrated strong evidence with parents of pre-school children (Olds 2006; Hutchings, Bywater, Daley, Gardner et al. 2007) but although many programmes have been demonstrated to work in RCT trials conducted by their developers, few have rigorous evidence of effectiveness when delivered in real world settings. This leaves service providers with two important questions:

Which programme to choose? How to deliver it so as to achieve comparable outcomes to those reported in the research trials? These two issues, choice of programme and how to take interventions to scale and deliver them effectively in service settings, are the subject of the growing field of “implementation science” that has been informed by the Society for Prevention Research and set out in their guidance to service providers on how to ensure that evidence based programmes work in service settings (Flay et al. 2004) and by the work at the University of Colorado Center for Violence Prevention in identifying strongly evidence-based “blueprint” programmes (Mihalic et al. 2002).

This paper provides a case study in the implementation and dissemination of the strongly evidence-based Incredible Years parent, child and teacher programmes across Wales. It describes the author’s work in delivering, researching and supporting the dissemination of the parent programme, and subsequently the child and teacher programmes, with the support of the Welsh government. It sets out the reasons for choosing the programmes, the steps taken to test their effectiveness in service settings across Wales, the dissemination process and lessons learned.

### **1. Evidence for the Incredible Years Programme**

The Incredible Years programme was developed by Webster-Stratton at the University of Washington, Seattle, and has over thirty years of research behind it. It has components for parents, children and teachers and is one of the best evidence-based programmes in the world for both the prevention and treatment of conduct disorder and related difficulties. It has been highlighted in many systematic reviews and is one of only eleven “Blueprint” programmes identified by the Center for Violence Prevention at the University of Colorado, from over nine hundred programmes that they have reviewed. To attain “Blueprint” status, programmes require high standards of evidence, independent replication (ideally in service settings), long-term follow-up and tools to enable effective dissemination ([www.colorado.edu/cspv/blueprints/](http://www.colorado.edu/cspv/blueprints/)).

Evidence of the effectiveness of the Incredible Years programmes in service settings for both the prevention and treatment of conduct problems comes from several coun-

tries in different continents. Programmes cover a wide age range, from birth to 12 years of age, have demonstrated good outcomes with people from a variety of cultural groups and are effective when delivered in everyday service settings (Webster-Stratton et al. 2001; Webster-Stratton 2011). The parent programme achieves significant improvements in child problem behaviour as well as increases in positive parenting, parental mental health and parenting confidence (Hutchings, Bywater, Daley, Gardner et al. 2007). It also contains all of the components that characterise programmes that achieve better outcomes, particularly with families in disadvantaged circumstances (Gardner et al. 2010). It teaches participants to identify and use social learning theory principles, has a collaborative focus, uses role-play rehearsal of new skills, teaches the accurate observation skills needed for effective problem-solving and realistic goal-setting, emphasises home activities and incorporates strategies to ensure that access issues are addressed (Hutchings, Gardner, and Lane 2004). These three components – curriculum, collaborative delivery and access – contribute to the programme’s effectiveness with the most challenged and high-risk families that other programmes have traditionally failed to help (Hartman, Stage, and Webster-Stratton 2003; Gardner et al. 2010). It has comprehensive fidelity tools to enable effective replication including books, CDs and hand-outs for parents, manuals, standardised training, supervision and consultation, and an effective and rigorous accreditation process for leaders.

### **2. Establishing the Programme in Wales**

#### **2.1 Getting Started**

Having worked in the National Health Service since 1976, by 1996 the author held a joint appointment as a Consultant Clinical Psychologist in the North-West Wales Child and Adolescent Mental Health Service (CAMHS) with responsibility for children with conduct disorder and as Director of a research team at Bangor University. In 1999 she started to trial the Incredible Years group parent programme (Webster-Stratton et al. 2001) as a CAMHS-based treatment for parents of children with conduct disorder and related difficulties. At the same time the Sure Start programme was launched in Wales to provide early intervention support for pre-school children in socially disadvantaged communities (Ball 2002). The publication of

*Everybody's Business* (National Assembly for Wales 2001) identified an expanded role for CAMHS staff, to include supporting primary care staff in the prevention of children's mental health problems, allowing the author to support Sure Start services alongside her work with children with severely challenging behaviour. The next step was for the author to attain programme leader accreditation from the Incredible Years programme developer and to progress to mentor status enabling her to undertake training and supervision of parent group leaders.

Having established the Incredible Years parent programme as a treatment intervention within the CAMHS service, evidence that the programme also functioned as an early preventive intervention provided the author with an opportunity to suggest that it be used in Sure Start services. Basic leader training was delivered by the author to Sure Start staff across North Wales and a peer-support group was established to support programme delivery. Sure Start staff were enthusiastic about the programme, which created a potential research opportunity.

## 2.2. Evaluating the Programmes

Despite the Incredible Years programme having "Blueprint" status, a number of the "Blueprint" programmes have failed to show good outcomes in service-based replication trials (Mihalic et al. 2002) and the issue of how to deliver evidence-based programmes effectively in service settings was becoming an important research topic (Flay et al. 2004).

Unlike Sure Start projects across England and the rest of Wales, where services were left to decide what to deliver and delivered a plethora of different programmes (Belsky, Barnes, and Melhuish 2007), eleven Sure Start services in North and Mid Wales were delivering the Incredible Years parent programme. This enabled funding to be obtained from the Health Foundation to undertake an RCT evaluation with identified high-risk three and four-year-old children living in these communities. All of the fidelity components were incorporated, including basic leader training, on-going weekly supervision of leaders by the author, provision of all materials for parents and leaders, funding of crèche facilities, lunches for families. Video recordings of sessions were reviewed at supervision and sub-

sequently processed for leader certification which was achieved by twenty-one of the twenty-two leaders in the trial (Hutchings, Bywater, and Daley 2007).

Short- and longer-term outcomes included significant improvements in child and parenting behaviour, parental stress and depression (Hutchings, Bywater, Daley, Gardner et al. 2007; Bywater et al. 2009), replicating those achieved by the programme developer, including similarly high retention rates and good outcomes with the most disadvantaged and hard-to-engage families (Gardner et al. 2010). In a study of a sub-sample of children at risk of ADHD, independent improvements were found in child hyperactivity and inattentivity (Jones et al. 2008). Research to establish the key leader behaviours associated with changes in parent behaviour demonstrated that leader praise and reflective statements, coded from the session videotapes, were associated with similar parental behaviours recorded in the home (Eames et al. 2010). A cost effectiveness analysis showed the programme to have achieved significant benefits at reasonable cost (Edwards et al. 2007). We had shown that a service based intervention, delivered across eleven Sure Start sites with leaders that were locally employed and had relatively low levels of qualifications, was as successful as similar trials by the programme developer.

## 2.3. Factors Contributing to the Trial Success

This topic is explored in more detail in "Early Prevention of Conduct Disorder: How and Why Did the North and Mid Wales Sure Start Study Work?" (Hutchings, Bywater and Daley 2007); space here permits only a summary. Firstly, there was locally available leader training, supervision and support from the author, a senior and experienced clinical psychologist. Sure Start staff members had already been trained, were running the programme prior to the research trial, and were enthusiastic about it. Sure Start services were newly established and managers were open to advice on how to deliver effective services and seeking evidence of outcomes achieved. They were willing to commit the levels of staff time and resources needed to deliver the programme effectively and to participate in a randomised controlled trial (RCT) in which some families were in a waiting list control condition and would be of-

ferred the intervention after the first six-month follow-up. There was a research team in place at Bangor University with expertise in conducting an RCT and early intervention provision was increasing and accompanied by a demand for evidence. This provided the conditions to enable a successful grant application to the Health Foundation, made collaboratively by the author and the participating services.

Considerable attention was given to the recruitment process to ensure that families of children at risk of longer-term conduct disorder were targeted and recruited. This included having a health visitor on the research team to work with local health visitors, training them in collaborative, non-judgemental recruitment strategies. Health visitors helped parents to recognise that their child presented challenges that made parenting more difficult and that the intervention could help them to support their children. This was crucial in ensuring a high take-up rate, with 93 percent of eligible families with a child scoring within the clinical range on the Eyberg Child Behaviour Inventory (ECBI; Eyberg and Ross 1978) signing up for the trial.

Service access issues were addressed by the provision of all resources needed to enable parents to attend the programme. Transport and crèche facilities were arranged where needed and meals were provided at each group session. In addition implementation fidelity in programme delivery was encouraged through weekly supervision that included viewing videotapes of group sessions and leaders completing session checklists detailing the components delivered during each session. Leaders followed up parents that missed sessions and made weekly phone calls to all participants, and parents completed weekly session evaluations that guided delivery. As a result 83 percent of participants attended seven or more sessions with an overall mean attendance of 9.2 of the 12 sessions. These results with identified high-risk families with high levels of social disadvantage were impressive, particularly since families with all of the characteristics that normally predict poorer outcomes (poverty, single parenthood, young parenthood, maternal depression, etc.) demonstrated outcomes as good as or in some cases better than the sample as a whole (Gardner et al. 2010).

#### **2.4. Impact of the Trial**

The success of this trial had an important impact on policy and service development in Wales. The Welsh government monitored the study and, as a result of the extremely positive outcomes, incorporated funding to develop the parent programmes into their Parenting Action Plan for Wales (Department for Training and Education 2005). From 2006 this funded parent group leader training for staff across the twenty-two Welsh local authorities. Services had to commit to both delivering the programme and providing adequate resources for it to be delivered with fidelity. Staff from every county in Wales accessed the training and services in all counties have since delivered the programme and Welsh government funding for leader training and supervision has continued since that time.

In the meantime the research has continued. The Incredible Years Toddler parent programme has been researched, in an RCT, with parents of one- and two-year-olds living in nine Flying Start communities across Wales (Griffith 2011; Griffith et al. 2011; Hutchings, Griffith et al. 2012) and with nursery staff (Bywater, Hutchings, Gridley and Jones 2011). The Incredible Years BASIC parent programme has been evaluated with Welsh foster carers (Bywater et al. 2010) and we have recruited local authorities from across Wales into two on-going research trials: one of the parents and babies programme and one of the school readiness parent programme. In all of these trials the author trained and supervised the service-based staff that delivered the programmes to ensure fidelity of delivery. A study in six authorities in England, using the extended Incredible Years school-aged programme with parents of high challenge 8 to 13 year olds, overseen by the first author also reported good outcomes (Hutchings, Bywater, Williams et al. 2011).

#### **3. From Parent Programmes to Child and Teacher Programmes in Wales**

In 2002 we started to deliver and evaluate the child and teacher programmes in Wales and again the author went through the programme developer's accreditation process enabling her to train and support staff delivering these programmes. Pilot trials achieved good outcomes (Hutchings, Lane, Owen and Gwyn 2004; Hutchings, Bywater, Daley and Lane 2007; Hutchings, Daley et al. 2007; Hutchings et al. 2008). An RCT of the Incredible Years teacher classroom



management programme showed positive outcomes in terms of changes in both teacher and child behaviour (Hutchings, Martin-Forbes et al. 2012) and a pilot of the Incredible Years therapeutic small-group Dinosaur school programme was effective (Hutchings, Bywater et al. 2012). This led to funding for a large-scale on-going RCT of this programme targeting high-risk children in twenty-two schools across North and Mid Wales during their early school years (Bywater, Hutchings, Whitaker et al. 2011). In this trial the intervention is delivered by teachers and classroom support staff that are trained and supervised by the first author.

As the results from studies of the child and teacher programmes in Wales filtered through, and because the Incredible Years philosophy matched the Welsh government's developing discovery-based Foundation Phase early years education approach, Welsh government funding for programme leader training incorporated support for the child and teacher programmes with training and resources. Welsh government funding is now in its seventh year and has supported training, supervision and resources for local authorities across Wales in the Incredible Years parent, child and teacher programmes.

#### **4. The Successes and Challenges in Taking the Incredible Years Programme to Scale Across Wales**

Many of the recognised challenges of going to scale were reduced as a result of this small-scale bottom-up development leading to the larger RCT of the Sure Start implementation across North Wales. This fed into the 2005 Welsh government parenting strategy. The excellent research outcomes, recognised as being of international significance, meant that the lessons learned about fidelity (Hutchings, Bywater, Daley, Gardner et al. 2007) were taken on board in the discussions with the Welsh government.

##### **4.1. Successes**

1. The development across Wales started with the author's identification of a programme with evidence supporting its applicability for the targeted clinical population. After trialling it herself and seeing positive results, she became the "necessary" local champion for the programme in Wales and in particular was able to em-

phasise the necessary fidelity components to ensure effective delivery.

2. Like many of the best evidence-based programmes, the Incredible Years programme is not British and focusing from the start on getting locally available trainers that are accredited by the programme developer is essential. The author worked with the programme developer and was accredited as a mentor within two years, enabling training and supervision to be quickly brought in-house in Wales making it accessible and economically viable.
3. The author was able, as part of her CAMHS clinical psychology post, to ring-fence the time needed to provide support for early implementers. These activities take time and a dedicated person needs to be resourced to do this.
4. Co-ordination of training and support activity within Bangor University, at the Centre for Evidence Based Early Intervention, which the author established and directs, has meant that there is a register of all the people within Wales that have been trained to deliver the various programmes. This has enabled the Centre to maintain contact with them, to keep them updated on training opportunities and research findings, and invite them to annual conferences held in both North and South Wales.
5. The central database of trained staff has made it possible to undertake surveys to obtain feedback from programme deliverers about successes and challenges.
6. The research team at Bangor University, led by the author, were able to demonstrate that the programmes were effective in Wales, overcoming the common criticism that programmes developed overseas are not culturally relevant. Wales is a small country (population three million), making access to government possible and enabling positive results to become known and to have an impact on government policy.
7. The Welsh government was developing a series of policy initiatives (Sure Start, Everybody's Business, the Parenting Action Plan for Wales, Flying Start, the Child Poverty Strategy and others) and was looking for suitable coal-face intervention to support these initiatives and to deliver good outcomes.
8. From small beginnings in one CAMHS service twelve years ago, the Incredible Years parent programme is now

delivered across Wales, with over three hundred groups in 2011 (Hutchings, Williams and Morgan-Lee 2011) and the child and teacher programmes are also developing with supporting research. To date twenty-one of the twenty-two local authorities in Wales have accessed Welsh government funded training in the Incredible Years Teacher Classroom Management programme and twenty have accessed training in the Incredible Years child programmes. There is continued Welsh government funding to support leaders to deliver the programme well and achieve accreditation.

#### 4.2. Challenges

Every local authority in Wales has delivered the parent programmes, mainly within early intervention services, using the parenting programmes targeting parents of babies, toddlers and young children. Despite specification by the Welsh Government of what authorities needed to provide, after training, for their staff to deliver programmes effectively (time, access to supervision and resources), informal feedback from group leaders suggested that not all programme leaders were provided with adequate time and support. This information was collected more formally in three Wales-wide leader surveys to learn about challenges and needs, conducted in 2007, 2009 and 2011 (Hutchings, Williams and Morgan-Lee 2011). The key issue was lack of time for supervision, preparation for sessions and wrap around time for additional scaffolding for high-need families. These surveys record growing understanding of what is required to deliver programmes effectively in terms of supervision, time and other resources. However, with more widespread programme delivery, ensuring that managers know what is needed for effective delivery becomes an ever-present challenge.

Although the survey results were circulated to all managers, this channel proved not to be entirely effective. A more effective strategy has been the development of manager workshops, delivered annually in North and South Wales since 2008, to enable service managers to understand the requirements of effective programme delivery. In these workshops managers learn about the international and local research outcomes, fidelity requirements and strategies for outcome evaluation. In addition they are provided

with information on the resources and activities required to deliver the programmes effectively. Within the workshops managers undertake goal planning in relation to programme delivery that helps them to identify assets and goals in relation to their own service plans.

Any programme that supports families facing significant challenges necessitates skilled staff and significant resources. It is an ever-present challenge to ensure that staff supervision is available from appropriately trained and experienced supervisors. With more people trained across Wales and in particular in South Wales, where the majority of the population live, providing adequate levels of supervision is an on-going challenge. The solution lies in our longer-term dissemination goal, that the twenty-two local authorities in Wales will each establish in-house training and supervision. To date, thirty programme leaders across Wales are either accredited or have completed part of the accreditation process. Six authorities have trained accredited group leaders as peer coaches, to provide in-house supervision, and three authorities have in-house mentors providing leader training. However, as these figures make clear, this leaves the majority of Wales at the very beginning of the road to ensuring fidelity and sustainability for the programmes.

#### 5. Final Comments

What must be done to deliver effective services is known. The Society for Prevention Research guidelines (Flay et al. 2004) and the NICE guidance on how to overcome barriers (NICE 2006) together provide useful information on how to achieve effective programme delivery in service settings. However there are many challenges ahead, not least funding restrictions arising from the present severe cuts in government funds. Early intervention requires sustained support from politicians (Allen 2011) and it is difficult to get sustained commitment when the longer-term goals of reductions in lifelong problems fall outside the political time frame of elected governments.

We have benefitted from being a small country, which made gaining access to political decision-makers easier, and also from having undertaken rigorous research at a time when there was growing recognition of the importance of

outcomes as opposed to outputs. Ten authorities have partnered with us in one or more of our RCTs and our dissemination activity has been successful, with many published research and discussion articles ([www.centreforearlyinterventionwales.co.uk](http://www.centreforearlyinterventionwales.co.uk)).

Across the UK as a whole, there has been a poor take-up of evidence-based interventions for children (Little 2010). One of the recognised challenges of scaling up evidence-based interventions (Little 2010; Bumbarger, Perkins, and Greenberg 2010) is persuading politicians to incorporate

such interventions in their children's services. Many of these challenges were reduced in Wales as a result of this small-scale bottom-up development leading to the larger RCT of the Sure Start implementation across North Wales.

There is still a long way to go to ensure that all of the Welsh families that need help get effective evidence-based services that achieve the outcomes shown in both efficacy and effectiveness trials of the Incredible Years programmes but, with the support of the Welsh government, we have made a great start.

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